CLAIMS AS FILED - PART I						10802391				
	****************	mn 1)	(Column 2)	SM/	E C				ER TH	
TOTAL CLAIMS 13					NTE	FEE	ା	RATE	LENTI	
FOR	NUMB	ER FILEO	NUMBER EXTRA		C FEE	* * * * * * *	∵ ⊹	BASIC F		
TOTAL CHARGEABLE CLAIMS	13.	ninus 20=	. 0		X\$ 95		-10		40.000	
INDEPENDENT CLAIMS		minus 3 =	4				OF	X\$18:		
MULTIPLE DEPENDENT CLAIM	PRESENT		П	<u> ×</u>	J=		ОЯ	X86=	34	
If the difference in column 1 is	less than	78(0 pales		J .,,	5=		OR	+290=		
CLAIMS AS A			*, *, *, *, *, *, *, *, *, *, *, *, *, *	TO	AL		OR	TOTAL	1.114	
(Column 1)	ZE	Colum	n 2) (Cokumn	3) SM/	LL EI	YIIIY	OR	OTHE	R THAN	
REMAINING AFTER		HIGHE NUMBE PREVIOU PAID FO	ST PRESENT ISLY EXTRA	de lide describ	ET	ADDI- IONAL FEE		RATE	ADD TION	
Total .43	Minus	- <u>&</u>	<u> </u>	XS 8	•		OR	X\$18=		
FIRST PRESENTATION OF MI	Minus JUTIPLE DE	PENDENT	1 Alta	X43	•		OR	X86=		
1,4,7,9,10,11	, 12,		LAM	+145				+290≈		
				10	AL		OR	TOTAL		
(Column 1)		(Column		ADDIT, F	ee L		, ,	ADDIT. FEE		
ISON REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	PRESENT	PATI	T	IDDI- ONAL FEE		RATE	ADDI TIONA FEE	
	Minus	- QU	-29	X\$ 9			OR	XSTE-	145	
FIRST PRESENTATION OF MUI	Minus LTIPLE DEP	ENDENT C	ABA CO	X43=			OR	X86=	201	
				+145			OH)	290=	110	
				107	V.		16	LEOTAL	BX	
(Column 1)		(Column		ADDIT. FE	E		TU.	DOFT! FEE		
REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT Y EXTRA	RATE	TIO	DDI- NAL EE	ſ	RATE	ADDI- TIONA	
N.	linus	•		X 5 9=			DR.	X\$18=	FEE	
FIRST PRESENTATION OF MULT	linus TIPI E DEOG	MOENT CO		X43=			-	X86=		
						\dashv)R			
he entry in column 1 is tess than the e he "Highest Number Previously Paid I the "Highest Number Previously Paid I	niny in colum	n 2, wifte "0" in	column 3.	+145= TOTAL		c	R	+290=		
he Highest Mumber Deadles & Barrier	A 1442	SPACE IS less	than 20, enter "20." than 3, enter "3." the highest number			10	A .	TOTAL OIT, FEE		